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ABSTRACT

This manual is intended to serve as a trainer's curriculum guide on the case management model for social service workers. It is divided into seven sections, each of which focuses on one of the basic requirements of the case management process. The seven process requirements examined are: (1) evaluation of service request or need, (2) eligibility determination, (3) planning of service objectives, (4) arrangements for linking clients with service providers, (5) provision of services, (6) overseeing the case, and (7) recordkeeping. Each section contains a content outline of the major purpose and procedures of each requirement, some key points to be emphasized about case management during training, and references and training recommendations. Included among the training recommendations are questions to be raised and suggestions on training methods, the use of accompanying videotapes and other support materials. The training issues and suggestions covering overseeing and recording are amplified in Appendix A. Appendix B provides the case management flow chart and system functions. Appendix C is a list of selected publications thought to be relevant to case management training. A guide to the accompanying video tapes for case management training is included in Appendix D.
(Author/JMB)

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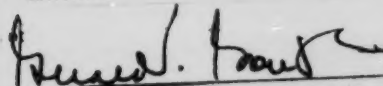
THE CASE MANAGEMENT MODEL:
TRAINER'S GUIDE

VOLUME III

1977

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The Case Management Model:
Trainer's Guide

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INTRODUCTION

This manual is meant to be a curriculum guide for trainers. It is made up of seven sections or modules. Keyed to the requirements of the case management process, each of these sections is divided into three parts:

- . a content outline of the major purpose and procedures of each requirement;
- . some key points to be emphasized about case management during training; and
- . references and training recommendations, including (a) questions to be raised and (b) suggestions on training methods, the use of video tapes and other support materials.

With one exception, this format is followed throughout the manual. Due to their special process orientation, and because they are so important to all of the first five steps in case management (i.e., once a primary client case has been opened), the training issues and suggestions covering overseeing and recording are amplified in the appendix.

The appendix is made up of four parts: Part A includes the training recommendations for overseeing and recording, as mentioned above. Part B provides the case management flow chart and system functions. Part C is a list of selected publications which in

one way or another may be helpful in training. A guide to video tapes for case management training is included in Part D.

It must be said that this manual is not intended to be definitive. Rather, it aims to give the trainer a basis to work from. Hopefully, in this sense it will be used as a workbook in conjunction with Volumes I and II.

The degree to which Volume III is useful in the way intended depends on a number of factors, not the least of which is the trainer's judgment and background. Obviously, training conditions (including the type of staff to be trained) also may vary. In some instances, trainers may want to follow the manual to the letter. In other cases, trainers may prefer or find it necessary to adapt and/or add to the suggested instruction materials. Either way, the manual requires trainers to explore their own resources and experiences in order to devise a training strategy for implementing the case management process.

A final comment: It has been supposed from the beginning that video tapes of the case management process would be the major instrument in training. For this reason it is important to emphasize the close relationship of the tapes and the manuals. The contents of Volume II, Implementation Requirements, and the tapes are virtually the

same. In turn, one of the major features of Volume III is a detailed index of tapes, cross-referenced in the column: References/Recommendations for Training.

The format of the Trainer's Manual follows that of the video tapes. The material is organized in three parts: Purpose, Process and Content. Purpose simply attempts to define what the particular step is to accomplish. (Why is this step being done?) Process defines somewhat how the step is to be done, i.e., some of the activities which help to complete a particular step. Content is defined literally. (What is there during the process or after the step is completed?) Content may be in terms of activities, a product (e.g., service plan), other tangible items to be dealt with.

It should also be noted that some of what has gone into the tapes results from "early implementation" experiences in local agencies, particularly on the subjects of Title XX eligibility determination and SSIS implementation. The greater portion of tape content, however, is based on the observations and ideas that are part of daily agency routine.

Objectives of Case Management

- . To provide a core concept that standardizes and gives uniformity to the delivery of Social Services at the individual case level.
- . To identify decision points in the management of service delivery.
- . To identify staff development and training needs.

STEP 1:
EVALUATION OF SERVICE REQUEST/NEED

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Purpose</u> . To provide access to service resources . To screen	. This step represents the entry--or doorway--to services. It suggests the idea of agency accessibility. . Utilizes the concept of "channeling" as opposed to an endless process. . Aspects of screening-in or screening-out: . a decision is made; . emphasis on screening <u>in</u> if appropriate. . Screening involves consideration of: (1) eligibility criteria and (2) problem identification, including: . minimal consideration of eligibility factors; . concentration on current situation and problems; . client ability to tell what the problems and needs are. . Joint (agency <u>and</u> client) appraisal. . Distinguish between "request" and "need."	Volume II, page 3* Video Tape, No. 1, (267)** <u>Suggested Review Questions:</u> (1) How do clients make contact with the agency? (referral, self-initiated, etc.?) (2) What services are usually requested at intake? (3) What services are provided most frequently? (Consult SSIS reports, random moment reports and other data sources.) (4) If there is a difference between 2 and 3, what does it mean? (5) What factors determine whether a client is screened "in" or "out"? (6) Should a service be provided if not requested? * Reference to <u>Implementation Requirements manual</u>. ** Indicates location of topic on video tape.

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
		<u>Training Suggestions:</u> (1) The method for presenting the steps is primarily lecture with group discussion. Use video tape to introduce case management steps and follow with additional interpretation, clarification and discussion. (2) The trainer should be familiar with Title XX, particularly the parts on needs assessment and planning. In this context: What are service priorities? (3) Problem definition could be another small-group activity. (4) Explore the difference between a "request" for and a "need" for service, looking at the move toward providing services on a voluntary basis. Some brief mention might be made of the concept of the "service contract." (5) Using the group process let the trainees decide what specific information is needed in STEP I to make a decision at the sorting out stage.

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Process</u> Information gathering; assessing information; sorting the information.	. The term, process, simply implies "how" (activities, tasks, etc.) the step is completed. . Listening is a skill and a fundamental element in interviewing. . Listening and observing suggest the need to distinguish between "probing" and "prying." . Let the client talk; what are the problems and background regarding the service request? . The information gathered is <u>not</u> for the purpose of developing a psycho-social diagnostic statement. . What does the information mean: Why is the client here? What is being requested? What specific problems can be identified?	Volume II, page 6 Video Tape, No. 1 (353) <u>Suggested Review Questions:</u> (1) What are the fundamentals of interviewing? (2) What is the objective to be achieved via the process in this step? (3) How can the information needed in STEP I be gathered? - e.g., application forms, case history, questions by worker, etc. <u>Training Suggestions:</u> (1) Have the trainees divide into two groups (or more) and develop definitions of (1) probing and (2) prying. Suggested distinctions: Probing is asking questions to get only the information needed at this step. Prying is an unnecessary intrusion into unrelated areas and usually is without clear purpose or focus.

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Process</u> (cont.)	. Given the information, emphasize decision making: (1) information only, (2) information and referral, and (3) eligibility determination. . Questions should be asked for two basic reasons: (1) To obtain necessary information and (2) to direct the discussion in a purposeful way.	(3) Have the group discuss the differences between information only and information and referral, with some focus on agency and client responsibilities, if any. (4) With regard to information and referral, discuss the requirements of making a referral and the roles of broker and/or advocate. (5) Ask the group to determine when follow-up is required with I & R service. (6) The group could be divided, and each smaller group could develop resource directories for use in information only and information/referral situations. (7) One way of reinforcing the importance of STEP I may be to relate intake to workload management, along with the need to be certain that a potential "active case" is in fact active and not simply a number in a record. (8) What can the agency provide and what resources are outside the agency? (9) Have the group determine an appropriate way to inform a client of his ineligibility and/or the unavailability of a service requested.

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Content</u> Assessment of current situation; problem identification; objectives and goal; services available; time element.	- Content is what is known as a result of following the process. In this sense content represents the first consideration of a service plan. Content is what the evaluation of the request/need has identified, including the current situation, specific problems, etc. - Focus on current living circumstances and conditions. "What's it like today?" - Emphasize "what," not "why." - The focus of problem identification is on tangible difficulties, i.e., concrete problems that reflect consensus between clients and agency. - Services should be compatible and consistent with problems, objectives, goal--and available services.	Volume II, page 11. Video Tape, No. 1 (401) <u>Suggested Questions:</u> - Is enough known to make a decision? What in fact is known? - Can problem-barrier-obstacle be listed and a relationship demonstrated between problems-services-goal? - Can the agency respond immediately and in a direct fashion? - Which services are short-term and which are long-term? - Can a timeframe be established for achieving an objective, e.g., 3 months? <u>Training Suggestions:</u> - Trainer needs to review goals in Title XX and review the objectives identified in service definitions. - Help trainees to recognize difference between objectives and goal (STEP III). One way to illustrate is the suggestion that objectives often are positive statements of problems or barriers identified.

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Content</u> (cont.)	. The time necessary to achieve desired results is a fundamental factor in the decision to provide service.	(3) Encourage group discussion around the statement: "Some clients might need therapeutic counseling, but the majority require tangible services, e.g., housing improvement, employment, legal aid, health, and other." (4) Ask individuals in the group to: (a) list as many cases as possible that are now active; (b) estimate how long the cases have been open and (c) when services are to be terminated. (5) Use a specific case example which reflects STEP I (Intake) and let the group identify the elements in the <u>content</u>. (6) Ask individual trainees to identify two cases, one when services were provided voluntarily (requested) and the other when services were involuntarily provided (need). Compare the evaluation process (STEP I) and the end results (if any). Have the trainees identify factors influencing the difference in outcome or current situation. (7) Divide the group into smaller subgroups. Choose service--or actual case situations--and have the groups determine for how long efforts should be made without results. (Focus on decisions re: priority situations which can help in the evaluation process; i.e., which situations need help first and which ones should never become active?) Can the group identify some criteria for decision making?

OUTLINE (STEP I)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Content</u> (cont.)		(8) Let the group assume policy making authority and develop a policy to resolve the issue when a client is eligible for and requests a service, but the agency cannot agree to the provision of such.

STEP II

ELIGIBILITY DETERMINATION

OUTLINE (STEP II)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Purpose</u> To assure that eligible clients receive approved service related to identified goals. <u>Process</u> Information gathering and assessment. <u>Content</u> Title XX regulations, state plan; service manual transmittals, memos, etc.	• Eligibility determination is a requirement for most services. • Though not an essential part of the case management concept, this step does reinforce decision making that is time-conscious. • Title XX and the state plan define the major components: eligible clients, approved services, goals. • Review the points under STEP I with a narrow focus toward the eligibility requirements. Minimal time should be spent on this step. • This is prescribed and should leave little to doubt. The basic points to cover include: (a) secure the required information, (b) complete necessary forms, (c) advise clients of rights and obligations and (d) determine eligibility.	Volume II, page 15 Video Tape, No. 1 (471) • Because eligibility determination is an involved and separate issue, trainers are encouraged to relate to the appropriate resources and training re: Title XX. No effort should be made here to do eligibility determination training, per se. This step simply acknowledges the requirement and puts the function into a proper sequence and focus. • If a need for eligibility training is identified move over this step quickly and into STEP III. • If a client is eligible, focus should shift toward the primary client concept and full development of a service plan, as well as the full case management process.

STEP III

PLANNING

OUTLINE (STEP III)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Purpose</u> . Identify problems . Assess problems	. This process requirement involves the following activities: . gathering information; . analyzing information in order to make an appraisal and problem statement; . making decisions about what is to be done to solve the problem.	Volume II, page 17 Video Tape, No. 1 (524) <u>Training Suggestions:</u> (1) The objectives of this session are to help trainees: (a) reach a common understanding on what planning involves; (b) identify and write service objectives; (c) identify services that relate most appropriately to established objectives. (2) A combination of lecture and group discussion is recommended.
<u>Process</u> . Problem definition	. Defining the problem(s) involves: . exploring possible causal determinants; . considering prior efforts of the client to deal with his problems; . identifying gaps in the client's efforts to account for or to explain the problem. . This activity involves deciding what is to be done to begin work on the problem(s).	Volume II, page 18 Video Tape, No. 1 (530) <u>Suggested Questions:</u> (1) What are the usual facts needed in designated case situations (e.g., protective services)? (2) What conditions sometimes affect fact finding? (3) What roles can the worker/interviewer and client play in defining problems?

STEP IV:
ARRANGEMENTS

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OUTLINE
(STEP IV)

POINTS FOR EMPHASIS

REFERENCES/RECOMMENDATIONS
FOR TRAINING

Purpose

To link clients with identified service providers so that services can begin.

- . The arrangement process involves all the activities and procedures necessary for initiating a service, but not the service itself.
- . The arrangement process is essential because the rules and procedures governing access to services are typically complex.
- . Two types of arrangements are possible: Intra-office and Inter-office referrals.

Volume II, page 28.
Video Tape, No. 1 (772)

Suggested Questions:

- (1) On a service-by-service basis, what conditions hinder client access to service?
- (2) What factors may hamper intra-or inter-office arrangements?
- (3) What services can be classified as available within your agency's organization and authority?

Training Suggestions:

- (1) Have trainees list the requirements, restrictions, etc., which condition service access from the standpoint of their respective agencies. A review of some parts in STEP I may be desirable.
- (2) Using hypothetical case examples, apply the client-proxy roles (broker, advocate, etc.) to selected inter-and intra-office service situations.

Process

- . Identifying contacts, procedures, etc. needed to make service arrangements for individual clients.
- . Routing client through intra-and/or inter-office referrals.

- . To meet the requirements of the arrangements, process, the case manager may be obliged to adopt client-proxy or broker roles.
- . Whether through intra-or inter-office referral, there are certain basic questions that should be answered. They are:
 - . Who will be responsible for providing the service?
 - . Where will the service be provided?
 - . When will the service begin?

OUTLINE
(STEP IV)

POINTS FOR EMPHASIS

REFERENCES/RECOMMENDATIONS
FOR TRAINING

Content

The content of arrangement is reflected in the actual information developed in the "Intra-" and/or "Inter-" office referrals.

STEP V:
PROVISION

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OUTLINE (STEP V)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
The <u>purpose, process and content</u> associated with service provision requirements are governed by program rules and regulations, including state plan requirements.	. Service is the highest, but not the only system priority. . Case management requires client involvement in the service delivery system in more ways than just as a service recipient. . Case management specifies coordination and integration roles. . A number of client and system interaction patterns results from case managed service provision. The roles of agency staff will be defined by these patterns. . A team approach to case management.	Volume II, page 30. Video Tape, No. 1 (815) NOTE: Applicable training and information resources are represented by state office policy and procedure manuals, administrative directives and other issuances. <u>Suggested Review Questions:</u> (1) What will be the extent of a case manager's involvement in direct service provision? (2) What effect does the concept of primary client have on the extent of case manager's/agency's involvement in direct service provision? (3) What difference is there between case managed and non-case managed service provision? (4) What conditions of a service delivery system may dictate a team approach to case management?

STEP VI:
OVERSEEING

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OUTLINE (STEP VI)	POINTS FOR EMPHASIS	REFERENCES/RECOMMENDATIONS FOR TRAINING
<u>Purpose</u> To produce informed decisions about what must be done next. <u>Process</u> Characterized as on-going rather than initial. Iterative.	- In its management sense, overseeing means that the worker/manager relates to a client/case as a guide, observer and advocate. - Decision making in this context depends on worker-client consensus. - Previous case management steps constitute "start-up," whereas overseeing is on-going and pervasive once a case is established.	Volume II, page 32ff. Video Tape, No. 2 (427) See Appendix A-1 for comments and training recommendations. Video Tape, No. 2 (438) Appendix A-1
<u>Content</u> . Monitoring (to know).	Monitoring characteristics: - Observation: finding of facts that have occurred <u>since the case began</u> (as opposed to research of facts occurring prior to case, creating the problem, etc.). - Discussion: with client and other service providers, as appropriate.	Video Tape, No. 2 (453) Appendix A-1

STEP VII:

RECORDING

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OUTLINE
(STEP VII)

POINTS FOR EMPHASIS

REFERENCES/RECOMMENDATIONS
FOR TRAINING

Process (cont.)

- . Relevance. Development of the case manager's ability to decide what facts are pertinent and relevant and which ones are extraneous is fundamental to the recording process.

Content

- . Reflects case management requirements/activities.

- . The case management record can be described as a series of "snapshots" of the client's progress.
- . Use of labels: In order for the record to support daily management decisions, it must be arrayed so that any kind of information is immediately accessible; therefore index "labels" are required. Use the basic elements in the case management model (i.e., steps) as labels.

APPENDIX A
COMMENTS AND TRAINING SUGGESTIONS

A-1 OVERSEEING

A-2 RECORDING

APPENDIX A-1

COMMENTS AND TRAINING SUGGESTIONS: OVERSEEING

If overseeing is to be understood as intended, emphasis must be placed on the similarity of its substantive content with the prior steps of the model--hence the phrase "a microcosm of case management." In order to convey the overall impact of these first five steps taken together, it should be pointed out that the main differences are:

1. That the first five operate to establish a case, while overseeing operates to maintain or terminate a case;
2. In this process, any one step (1-5) might become ascendent to the process (i.e., eligibility redetermination, or achievement of the goal); and
3. For analytical contrast, overseeing is divided into two kinds of actions: monitoring and assessing.

This last point should be made in the context that this separation of actions is probably more academic than real, and is for explanatory and illustratory purposes, only.

The intended connotation of monitoring is observation, purely and simply. Without it, no assessment (decision) can be made that is rooted in reality or practicality. Consider, for example, the foolhardiness of deciding to continue (or terminate) child care if at least the following are not known:

1. Is the care being "provided" at state/federal expense?
2. Does this care really fit into the parent's needs?
3. Is the child in satisfactory circumstances?

In other words, look at the status of the client to validate (a) earlier (Steps I & III) assessments of the client's condition, (b) that service is received (re: Steps IV & V) and (c) to detail any changed conditions (Steps I-V). In other words, there are two basic kinds of observation:

1. The client's current status and
2. The status of service delivery.

These are used to compare with prior observations/assessments (i.e., the client needs _____ because I _____, and he/she said _____), for the purpose of (a) validating (supporting) that earlier assessment, and (b) triggering a new assessment of need, eligibility, service plan, etc., etc. These comparisons are needed to accomplish the second activity of overseeing: assessing. In its simple form, assessing means weighing, measuring, evaluating, judging, etc. For the case management model, it means deciding--deciding what needs to be done next in the case.

The model of assessment used is linear: a client enters the service system at point A (to be determined jointly by case manager and client); he/she is expected to

reach point B, specified in the objective (set by the case manager and client); and service efforts/client movement will be assessed periodically, yielding a series of points presumably between points A and B.

The three main decisions to be considered at each juncture are:

1. Is the client progressing toward this goal?
2. Does the plan need revision?
3. Should the case be closed?

These are not mutually exclusive questions. That is, just because 1) is answered yes (or no) does not necessarily mean that 2) or 3) are answered the same (or the opposite); however, all must be considered. When progress is being made, the plan might or might not need revision; the case might or might not need to stay open (if "progress" is sufficient to represent goal achievement, for example). Or, when progress is not being made, it may or may not be proper to revise the plan; it may or may not be appropriate to close the case. (NB: when there is no progress, and revision of the service plan is not appropriate, the only reason for leaving the case open is inadequate data to really determine if progress is being made--i.e., the assessment indicates that progress will be forthcoming with more time to deliver service, adjust to the new condition, etc. Hence the "maybe" on the flow chart.)

The flow diagram in Appendix B should be a help in conveying this rather tricky set of contingency decisions. Note that they are contingency decisions only because what is done in service plan revision is contingent upon whether or not progress is being made--what is done in revising is contingent, not whether or not the plan is revised. This point ~~must~~ be clearly made.

APPENDIX A-2

COMMENTS AND TRAINING SUGGESTIONS: RECORDING

The strategy in recording is to convey how to put down what is relevant without being too wordy or too sketchy. If a case record (a "452" narrative, for instance, or its equivalent) is read out loud, everyone should gain an appreciation of the relevant facts. Quite simply, what is monitored (in overseeing) is the bulk of what should be recorded. These observations fall into two types: a) client status and b) service status. Client status means whatever is significant to the client's need/problem in his current condition. Thus, this series of observations shows client movement. The second type of observation shows what the current situation is in the service delivery system vis-a-vis the client. That is, what service(s) is being received, significant service-provider reactions or comments, and similar events, including, of course, any refusal or "no-show," etc.

It should be noted that what might be called a third type of recording is included in this (second) category: forms, documents, etc., officially stating parts of either the client's status or the status of the service/goal milieu. Court orders (re: delinquency, custody, etc.) are included in this "service delivery status" type of recording.

The main differentiation between the two types is that the one type is made by observing the client (client status) while the other is made by observing/talking/listening about the client (or reading or writing documents about him/her).

The remaining obstacle to be overcome is the tendency to postpone a recording until it seems more convenient. This is symptomatic of a deeper problem: recording is seen as perfunctory at best, probably not important, and rarely of value to the case manager. To surmount this obstacle, the following approach is recommended: first, observations (monitoring) are seldom perfectly cogent and relevant to the subject at hand (in this case, the client-service milieu). Therefore, before recording, there is a gap to be bridged--an intelligibility gap, if you will. This gap is not unlike the gap between the typical student's observations (listening in class or while reading the text) and his objective (presumably) of understanding ("mastering") the subject. The gap can only be bridged by thought--not random thoughts, but analytic thought, systematically relating the new observations to his body of ordered knowledge (i.e., about this subject).

The relationship, for example, between the no-show for day care and the client's current status must be discerned before the meaning of the observation of the client's situation can be fully understood. Therefore, after every contact/service delivery incident the case manager must think about what has been observed before (a) deciding

what to do or (b) recording any observation(s). It is imperative to do this thinking immediately after the episode, and to record as soon as the thoughts are clear, so as to maximize the accuracy of the recording and to minimize the time (and effort) required of the case manager to do this. (It will certainly take less time to record at that time than to wait--for no good reason--until having observed and thought through other episodes with other clients, etc.) Such activities can only result in greater time needs in order to dredge up the former episode, as well as providing a less-accurate account. Actually, this process results in the case manager effectively knowing more about the client, because the information is ordered, or organized, and the extraneous data are culled out and discarded. An analysis of the service-client situation that is lean, efficient and hard-hitting, can promote decisive and incisive action in behalf of the client.

Additionally, good management practices require up-to-date records; the busier the case manager is the greater the need is for accurate, up-to-date records, to minimize decision-making/managing "downtime" (i.e., time when decisions can't be made due to insufficient data, etc.). Also, this kind of record-keeping will be optimal should a court case, or an audit arise. Orderly, cogent records are the quickest way to depict the truth, and after all, the truth is what is required to optimize the management of the case.

Finally a "walk" through the outline headers, as listed in Volume II, page 38, is recommended. As this is done, the point should be made that systematic information cannot be maintained without some kind of recall catalog device--that is the role of these headers. If overseeing shows a need for planning, a quick scan of all portions of the record labeled "flow" will give an account of all planning done heretofore. (It would no doubt be necessary to look up all evaluation sections, too, as well as to generally read through the record if wholesale re-planning is required. But looking through the planning sections indicates what has already been done, even if it doesn't give entirely why.)

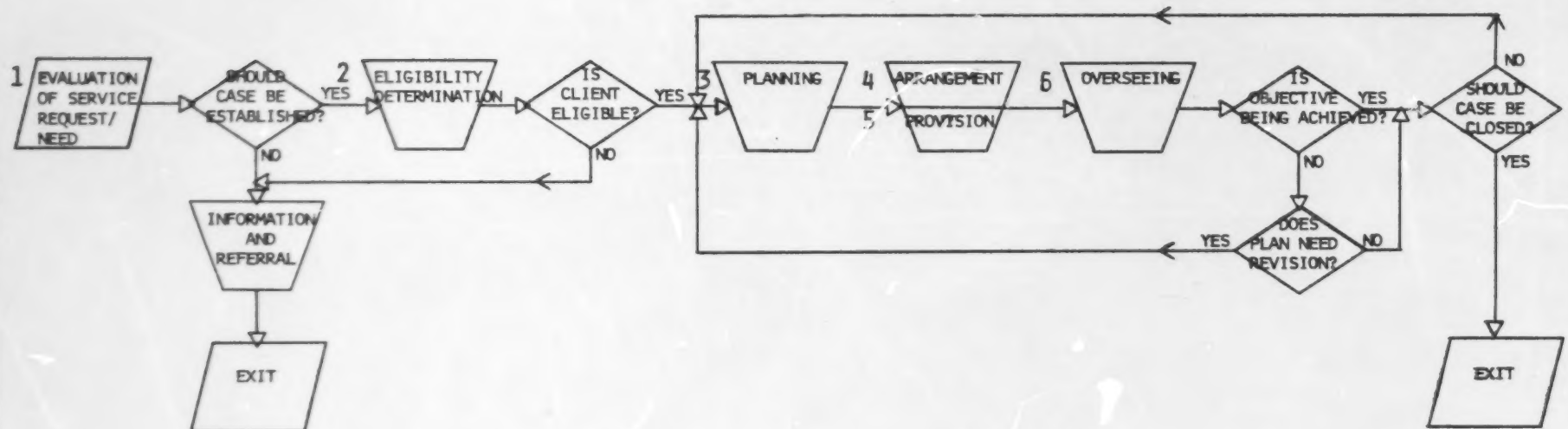
In this context the point should be made that summarizing the narrative records like "452" (every six months) will also be greatly facilitated by this approach to recording, as it will be much easier to gain a general concept of the case, which the summary should represent.

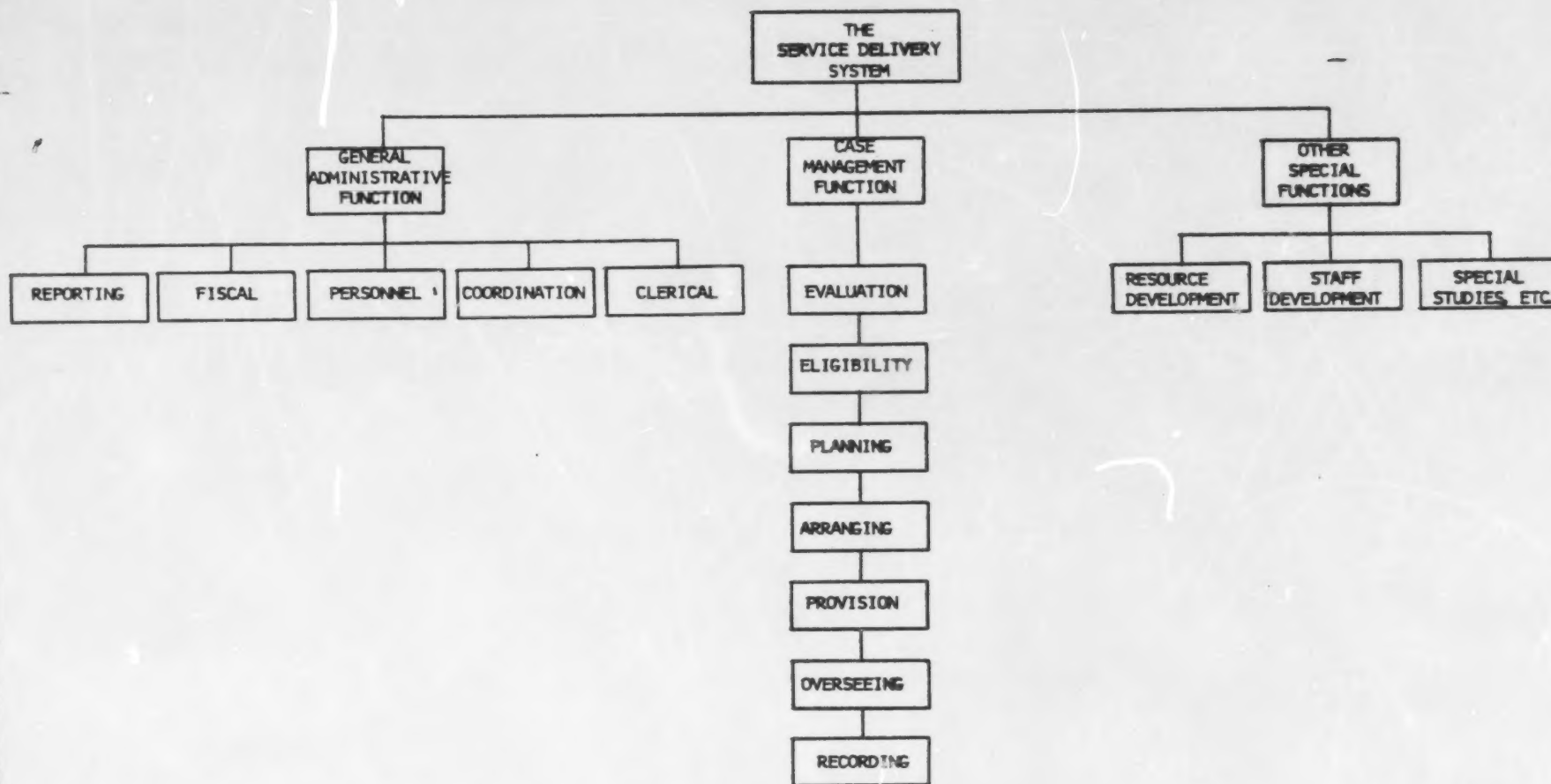
APPENDIX B

CASE MANAGEMENT FLOW CHART
CASE MANAGEMENT FUNCTIONS

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CASE MANAGEMENT FLOW





SERVICE DELIVERY SYSTEM MODEL

APPENDIX C
SELECTED BIBLIOGRAPHY

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APPENDIX C
SELECTED BIBLIOGRAPHY

The Case Management Model described in these volumes is based on a number of ideas and other models. The conclusions and assumptions it represents derive from a variety of sources, particularly including insights gained in observing local agency operations in Georgia and elsewhere. The various federally sponsored efforts to bring harmony and rationality to social service delivery systems, along with the many studies they have occasioned, also have had a necessary and obvious influence on defining the case management process. In a word the literature on case management is ample, if not yet adequate.

Some of the studies, project reports and manuals which bear on the case management process and which might therefore aid in its implementation and training effort are listed.

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APPENDIX D

INDEX TO VIDEO TAPES FOR
CASE MANAGEMENT TRAINING

APPENDIX D

INDEX TO VIDEO TAPES FOR CASE MANAGEMENT TRAINING

This is an index to video tapes for case management training. The contents of the two tapes are listed under the Topic heading. The column of three-digit numbers indicates the approximate location of the topic on the tape, assuming the digital counter is set at 000 when each tape begins.

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